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ABSTRACT

In this publication on standards for nursing education, the major educational goals encompassing graduate education, basic education, and continuing education are presented. They provide a means of monitoring the quality of programs and of supporting innovation and testing of new roles in nursing. These standards focus on education for nursing practice, and reflect concern for promotion of social and political action for the improvement of health care and its delivery within the community and for the provision of learning experiences that focus on major health care issues. The publication presents basic assumptions about nursing, about the nursing profession's responsibilities to society and students, and about nursing education. Standards are presented for programs leading to graduate degrees, baccalaureate degrees, associate degrees, diplomas from hospital schools of nursing, and for continuing education programs. The contact hour as the basic unit of measurement for continuing education activities in nursing is discussed. A glossary of terms that will serve as guidelines in planning educational programs is provided. (SW)

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Standards for Nursing Education

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COMMISSION ON NURSING EDUCATION

Preface

Effecting improvement in the quality of nursing care has been a constant challenge to the nursing profession and its professional association. The publication of these *Standards For Nursing Education* by the American Nurses' Association marks a major milestone in the association's assumption of its responsibility for the nature and quality of the education of those who engage in the practice of nursing.

The standards set forth the major educational goals encompassing graduate education, basic education, and continuing education. They provide a means of monitoring the quality of programs as well as of supporting innovation and testing new roles in nursing. Above all, these standards focus on education for nursing practice. In addition, they reflect concern for promotion of social and political action for the improvement of health care and its delivery within the community and for the provision of learning experiences which focus on major health care issues.

The development, implementation, and evaluation of standards is a shared responsibility of the association and members of the profession. The professional organization assumes responsibility for formulating and publishing the standards, disseminating them, seeking ways to promote their acceptance, monitoring their implementation, and evaluating the effect of implementation on the profession. Members of the profession assume responsibility for testing, reviewing, and documenting the need for revision, so that the standards can be updated at regular intervals to insure congruence of the needs of the society at large, the students participating in nursing education, and the evolution of the profession.

HE 011 048

This publication sets forth Standards for Nursing Education. These Standards were developed by the Commission on Nursing Education, American Nurses' Association.

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". . . a first step in the dusty journey to our promised land–the control and direction and development of our own educational system."*

*From an original document at the Nursing Archive, Boston University, Mugar Memorial Library, Collection N 72, Box 3, Folder 22, Correspondence from M. Adelaide Nutting to Mary Roberts.

Introduction

In 1965, the American Nurses' Association issued a position paper that gave direction for orderly change in the system of education in which nursing personnel are prepared. The position paper stated: "Education for those who work in nursing should take place in institutions of learning within the general system of education."[1] This statement in no way affected what nurses had already achieved; rather, it focused on the impending changes in the system of nursing education.[2]

Since 1965, predicted changes have taken place. The system of nursing education has moved toward integration within the general system of education in our society. In that system professional education is a responsibility of selected senior colleges and universities; technical education is a responsibility of selected junior and community colleges; and vocational education is a responsibility of selected secondary and post-secondary programs.[3]

A major thrust of nursing education, then, has been and continues to be the transition of nursing education into the general system of education. During the transition, a number of hospital-based diploma schools will continue to prepare nurses, and those education programs should be expected to meet the basic standards set forth for programs leading to associate degrees in nursing.

In these *Standards For Nursing Education* the Commission on Nursing Education first presents basic assumptions about nursing, about the nursing profession's responsibilities to society and students, and about nursing education. The following statements of goals and standards are then provided to give direction to the steadily emerging system of nursing education.

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[1]From *Educational Preparation for Nurse Practitioners and Assistants to Nurses*, ANA, 1965.

[2]From *A Date With the Future*, ANA, 1967.

[3]Currently vocational education offers programs leading to the practical-vocational nurse certificate, as well as short-term, preservice preparation for nurses' assistants.

Assumptions

The Nursing Profession

1. Nursing's mission is the knowledgeable and skillful assessment of the health status of all people and the humane, artistic application of nursing knowledge in practice, with the goal of having each person attain, retain, or regain optimal health.[4]
2. Nursing is responsible for the generation of its own body of knowledge.
3. Nursing enjoys professional status to the extent that nurses are professionals. A professional:
   a. Has a liberalizing education.
   b. Has professional preparation leading to the command of a body of knowledge and specialized skills essential to the performance of a unique, professional role.
   c. Exercises rational judgment and acts accordingly, accepting responsibility for the consequences of those judgments and actions.
   d. Is committed to a career which provides an essential service to society.
   e. Contributes to the expansion, refinement, and verification of the profession's knowledge and practices through systematic inquiry modes.
   f. Functions in accordance with the code of ethical behavior set forth by the profession.
   g. Engages in self-evaluation and the review of performance of peers with the goal of assuring high quality service.
   h. Continuously seeks new knowledge and skills with a view toward improving practice.
   i. Collaborates with other professionals and with recipients of services in planning, executing, and evaluating those services.
4. Nursing research is essential to the advancement of nursing practice; such advancement requires that a core of nurses give leadership in providing programs of study to prepare researchers.

[4]For a more extensive statement, see *Standards of Nursing Practice*, ANA, 1973.

The Profession's Approach to Education

1. Nursing science is the structured body of verified knowledge essential to the practice of nursing. Scientists from several disciplines, including nursing, engage in teaching nursing students, with each discipline providing essential learning opportunities. In collaboration with students, nurse educators are responsible for identifying students' learning needs.

2. Faculty responsible for programs preparing health professionals provide opportunities for students to learn to function interdependently and, additionally, for nursing students to learn the interdependence of those within the total field of nursing.

3. The approach to professional education is primarily that of inquiry with regard to the applicability of existing knowledge to the resolution of problems and to the discovery of new knowledge. The development of judgment in the use of nursing science and in the art of humane practice provides the focus for programs of professional study.

4. The approach to technical education is that of demonstrating the use of verified knowledge in the skillful execution of tasks, procedures, and functions. The knowledgeable development and application of nursing judgment and skills provide the focuses for programs of technical study.

5. Professional education for nurses is the responsibility of senior colleges and universities offering programs leading to undergraduate and graduate degrees with majors in nursing.

6. Advanced education for nurse specialists is the responsibility of universities offering programs leading to master's or doctoral degrees.

7. Selected university nursing schools (departments) offer nurse specialists the preparation to equip them for entering the practice of: (1) nursing education, (2) nursing (health care) administration, and (3) nursing research. Such programs lead to appropriate graduate degrees and/or appropriate credentials attesting to competence of graduates as educators, administrators, or investigators in the field of nursing.

8. Technical education for nurses is the responsibility of junior and community colleges offering programs leading to associate degrees with majors in nursing.

9. Career mobility exists for personnel in nursing who seek additional educational opportunities, including those prepared at

nurses' aides and practical nurses, as well as those holding diplomas and associate, baccalaureate, master's, and doctoral degrees in nursing. Demonstration of competencies of students enrolled in all nursing education programs determines their placement and rates of progress.

10. Financial support for nursing education and nursing research is derived from multiple sources.
11. The system of nursing education continues to be in transition, moving toward the goal that education for nursing shall be within the general system of education.

The Profession's Response to Change

1. Educational programs anticipate the enlarging scope and increasingly sophisticated nature of practices that accompany advances in knowledge through technology and research.
2. Knowledge and technologies change as consequences of research, and thus all competent practitioners should engage in continual study and learning. Organized, guided learning opportunities complement independent study.
3. Standards of education promote the expectation that the several types of practitioners demonstrate predictable competencies. The standards are updated regularly to reflect advances in knowledge and to insure progress toward the profession meeting its goal of providing high quality nursing service for all people in a highly mobile, dynamic society.
4. Data from statewide and/or regional studies substantiate the need for specific types of nursing education programs in particular areas.

The Profession's Right to Set Forth Standards

1. Society delegates to a profession the right and obligation to control the standards of educational programs preparing future members of the profession and their assistants.
2. The nursing profession is accountable to society for maintaining the standards of educational programs in which nursing personnel are prepared in order to competently fulfill expectations appropriately held for the roles these personnel will assume upon graduation. Increasing consumer input helps assure accountability of educational programs.

The Profession's Responsibility for Continuing Education

1. All programs in nursing education provide continuing education opportunities for nurses.[5]
2. Continuing education is essential for maintaining competence in nursing practice.
3. Faculties in schools of nursing have a responsibility to assist students in conceptualizing nursing as a health career which requires life-long learning.
4. Continuing education is necessary for the personal growth and professional maturity of individuals within the profession.
5. Continuing education needs of nursing personnel are affected by many factors, including:
   a. Greater acceptance of individual accountability and responsibility for practice.
   b. Changes in licensure laws.
   c. Legislative changes which influence health care.
   d. Health and nursing research with associated advances in health and nursing science.
   e. Changes in demographic characteristics (recipient population/provider population).
   f. Increased consumer demands for health care.
   g. Changes in health delivery systems with increased participation of nurses in those systems.
   h. Increased numbers and varieties of health personnel with changes in their roles and responsibilities.

[5]Health care agencies have a responsibility for contributing to the currency of knowledge and skills of the nursing personnel in their employment. See Standard IX, *Standards for Nursing Services*, ANA, 1973.

Standards for Graduate Education in Nursing

Standards for Programs Leading to Graduate Degrees

Goals

1. To select candidates with career commitment to nursing who have potential for developing needed competencies and attitudes appropriate for professionals at the level of preparation sought.
2. To provide learning opportunities through which students can attain competencies appropriate to the roles they expect to fill upon graduation, as well as attitudes favorable to a lifetime of continuous learning.
3. To provide learning experiences which focus upon major health care issues.
4. To provide learning opportunities which reflect sensitivity to the health care needs of all people.
5. To prepare nurses competent to function in advanced areas of nursing practice.
6. To prepare nurse-specialists competent to function as administrators, educators, and researchers in nursing.
7. To demonstrate collaboration among health professionals, nursing team members, and consumers of health care services with a view toward improving health and sickness care services and the environments in which students learn.
8. To continuously assess and to periodically evaluate the education programs.
9. To exemplify a future orientation by systematic inquiry into and demonstration of means of improving nursing care, education, administration, research, and the system of health care.
10. To generate new knowledge and refine the present body of nursing knowledge.
11. To promote social and political action for improvement of health care and health care delivery within the community.
12. To emphasize the contributions nurses make to the health care system.

Standards

Institutions

1. The university is accredited and offers accredited programs leading to master's and doctoral degrees in several disciplines.
2. The university offers undergraduate and graduate study in several health professions.
3. The university employs systematic review processes to insure the high quality of all programs offered.
4. The university provides adequate financial support for all programs offered.
5. The university provides high quality support services; e.g. registrar, admissions, library, testing, counseling, placement, student personnel services, housing, safety, maintenance, computer, printing and duplicating, and fiscal management.
6. The university has established guidelines concerning the health and welfare of students.
7. The university has a programmatic approach to affirmative action which is reflected in policies and actions.

Students

1. Prospective graduate students give evidence of ability to pursue a rigorous program of study.
2. Prospective students demonstrate the capacity for continuing intellectual curiosity, emotional growth, independent action, abstract thinking, and sound judgment.
3. Prospective students give evidence of career commitment.
4. Students demonstrate consistent progress toward the fulfillment of degree requirements.
5. Student groups represent the sex, racial, cultural, religious, and ethnic groups comprising society.
6. Students participate with faculty in the identification of learning needs, in the evaluation of performance, and in the evaluation of learning experiences.
7. Students participate in independent or collaborative research projects, and doctoral students pursue a rigorous research study of nursing problems.

Faculty

1. Faculty have completed graduate (specialty) preparation in those fields in which they have responsibility for teaching and research. A high proportion of faculty hold earned doctoral degrees. A high proportion of faculty are recognized nurse specialists. A high proportion of faculty are recognized, productive investigators.
2. Faculty are engaged in the practice of their respective specialties and in activities to improve their competence and intellectual growth.
3. A high proportion of faculty consistently contribute to professional and scientific literature.
4. Faculty participate in professional activities and community endeavors which affect health care.
5. Faculty collaborate with faculty in nursing, in other health disciplines, in the institution at large, and with nursing service personnel.
6. Faculty are engaged collaboratively in the design, demonstration, and evaluation of innovative approaches to the delivery of health and sickness care services.
7. Faculty are engaged collaboratively in the design, implementation, and evaluation of curriculum.
8. Faculty plan, implement, and evaluate innovative approaches to teaching.
9. Faculty are committed to the concept of a professional career and subscribe to the code of ethics of the profession.
10. Faculty utilize multiple means for evaluation of their continual growth as faculty members; i.e., self-evaluation, peer evaluation, student evaluation.
11. The corporate faculty represent a balance between experienced and new academicians and exemplify a balance between stability and change.
12. All faculty, including administrative appointees, hold academic rank and engage in scholarly work.
13. The corporate faculty reflect the sex, racial, cultural, religious, and ethnic groups comprising society.
14. Faculty are responsive to the indentified learning needs of individual students and are accountable for providing appropriate

learning opportunities for them in consonance with program goals.

15. Faculty participate in university governance to maintain or to develop an academic environment which supports learning, teaching, research, and community service.

Programs

1. Expected outcomes are explicated and communicated to students.
2. Opportunities are provided for students to gain mastery of science and to test and evaluate its applicability at levels of sophistication appropriate to their program.
3. Opportunities are provided for students to acquire decision-making skills (independent and interdependent) necessary to enter professional practice with the sophistication appropriate to the careers they seek. Systematic inquiry characterizes all learning opportunities provided for students.
4. Mastery of a nursing specialty is a prerequisite to doctoral study in nursing and to a career in the practice of a nursing specialty, in teaching nursing, in nursing administration, in nursing consultation, and in nursing research.
5. Careers in teaching, administration, consultation, and research require post-master's study on the part of nurse-specialists.
6. Flexibility in program planning reflects the individual competencies that students bring to graduate study, their various career goals, and their rates of progress toward attainment of outcomes expected.
7. Evaluation of student competencies relative to the attainment of expected learning outcomes determines the precise inclusions and length of any student's master's or doctoral program.
8. Relationships between the educational institution, community agencies, and service programs insure faculty and student access to learning opportunities, as well as faculty accountability for quality control of the learning environments.

Facilities and Resources

1. Funds in support of graduate programs are adequate to provide faculty, supporting personnel, equipment and services in sufficient numbers and amounts to insure high quality programs.

2. The budgeted faculty-to-student ratio provides time for faculty members' necessary involvement in scholarly practice, in research, in teaching, and in collaborative work with other faculty and students.
3. Secretarial and other support services are provided in sufficient amount to insure economical use of faculty talents and productivity.
4. There is a sufficient number of qualified faculty prepared in each program area offered by the university to assure high quality programs.
5. Each faculty member is provided with adequate office space and opportunity for contemplative work.
6. Library holdings reflect faculty recommendations, are adequate in number and kinds, and are accessible to students and faculty for scholarship and research endeavors.
7. Research space, equipment, and supplies are adequate to support an active research program.
8. Teaching space, equipment, and supplies are adequate to support innovative teaching programs.
9. Clinical resources are adequate to meet the goals of the program.

Organization and Administration

1. Administrative organization supports a clearly delineated system of authority, responsibility, and communication.
2. Administrative functions support the development of faculty self-direction, leadership, and research.
3. Administrative functions provide an atmosphere conducive to the development of effective collegial relationships.
4. Administrative organization assures faculty involvement in institutional governance.
5. Administrative organization assures faculty responsibility for planning, implementing, and evaluating curriculum.
6. Administrative organization assures student participation on committees involved with student welfare or rights.

Standards for Basic Education in Nursing

Standards for Programs Leading to Baccalaureate Degrees

Goals

1. To select candidates with career commitment to nursing who have potential for developing needed competencies and attitudes appropriate for professionals at the level of preparation sought.
2. To provide learning opportunities through which students can attain competencies appropriate to the roles they expect to fulfill upon graduation and attitudes favorable to a lifetime of continuous learning.
3. To provide learning experiences that focus upon major health care issues.
4. To provide learning opportunities which reflect sensitivity to the health care needs of all people.
5. To prepare nurses who demonstrate the ability to use the scientific method and apply it to nursing care problems.
6. To prepare nurses competent to enter professional practice.[6]
7. To transmit nursing science.
8. To demonstrate collaboration among health professionals, nursing team members, and consumers of health services with a view toward improving health and sickness care services and the environments in which students learn.
9. To continuously assess and to periodically evaluate the educational programs.
10. To emplify a future orientation by systematic inquiry into and demonstration of means to improve nursing care, education, administration, research and the system of health care.
11. To promote social and political action for the improvement of health care and health care delivery within the community.
12. To emphasize the contributions nurses make to the health care system.

[6]See 1970 *Functions of Professional Nurses*, developed by American Association of Colleges of Nursing.

Standards

Institutions

1. The institution is accredited and offers accredited programs leading to baccalaureate and/or higher degrees in several disciplines.
2. The institution offers programs of study in the biological, social and physical sciences and in the humanities.
3. The institution establishes relationships with agencies that permit nursing students to interact with students in other health disciplines.
4. The institution utilizes systematic review processes to insure the high quality of all programs offered.
5. The institution provides adequate financial support for all programs offered.
6. The institution provides high quality support services; e.g., registrar, admissions, library, testing, counseling, placement, student personnel, housing, safety, maintenance, computer, printing and duplicating, and fiscal management.
7. The institution has established guidelines concerning the health and welfare of students.
8. The institution has a programmatic approach to affirmative action which is reflected in policies and actions.

Students

1. Prospective students give evidence of the ability to pursue a rigorous program of study.
2. Prospective students demonstrate the capacity for continuing intellectual curiosity, emotional growth, independent action, abstract thinking, and sound judgment.
3. Prospective students give evidence of career commitment.
4. Students demonstrate consistent progress toward fulfillment of degree requirements.
5. Student groups represent the sex, racial, cultural, religious, and ethnic groups comprising society.
6. Students participate with faculty in the identification of learning needs, in the evaluation of performance, and in evaluation of learning experiences.

Faculty

1. Faculty have completed graduate (specialty) preparation in those fields in which they have responsibility for teaching and research. Some faculty hold earned doctoral degrees. A high proportion of faculty are nurse specialists. Some faculty are recognized, productive investigators.
2. Faculty are engaged in the practice of their respective specialties and in activities which improve their competence and intellectual growth.
3. A high proportion of faculty consistently contribute to professional and scientific literature.
4. Faculty participate in professional activities and community endeavors which affect health care.
5. Faculty collaborate with faculty in nursing, in other health disciplines, in the institution at large and with nursing service personnel.
6. Faculty are engaged collaboratively in the design, implementation, and evaluation of innovative approaches to the delivery of health and sickness care services.
7. Faculty are engaged collaboratively in the design, implementation, and evaluation of curriculum.
8. Faculty plan, implement, and evaluate innovative approaches in the teaching of students.
9. Faculty are committed to the concept of a professional career and subscribe to the code of ethics of the profession.
10. Faculty utilize multiple means for the evaluation of their continual growth as faculty members, i.e., self-evaluation, peer evaluation, student evaluation.
11. The corporate faculty represent a balance between experienced and new academicians and exemplify a balance between stability and change.
12. All faculty, including administrative appointees, hold academic rank and engage in scholarly work.
13. The corporate faculty reflect the sex, racial, cultural, religious, and ethnic groups comprising society.
14. Faculty are responsive to the identified learning needs of individual students and are accountable for providing appropriate

learning opportunities for them in consonance with program goals.

15. Faculty participate in college or university governance to maintain or to develop an academic environment that supports learning, teaching, research, and community service.

Programs

1. Expected outcomes are explicated and communicated to students.
2. Opportunities are provided for students to gain mastery of science and to test and evaluate its applicability at levels of sophistication appropriate to the program.
3. Opportunities are provided for students to gain competence in the decision-making skills (independent and interdependent) necessary to enter professional practice with the sophistication appropriate to the careers they seek. Systematic inquiry characterizes all learning opportunities provided for students.
4. Flexibility in program planning reflects the individual competencies which students bring to the program, their various career goals, and their rates of progress toward attainment of outcomes expected.
5. Evaluation of students' competencies relative to their attainment of expected learning outcomes determines the precise inclusions and length of any student's program.
6. Relationships between the educational institution, community agencies, and service programs insure faculty and student access to learning opportunities, as well as faculty accountability for quality control of the learning environments.

Facilities and Resources

1. Funds in support of programs are adequate to provide faculty, supporting personnel, equipment, and services in sufficient numbers and amounts to insure high quality programs.
2. The budgeted faculty-to-student ratio provides time for faculty members' necessary involvement in scholarly practice, in research, in teaching, and in collaborative work with other faculty and students.
3. Secretarial and other support services are provided in sufficient amount to insure economical use of faculty talents and productivity.

4. Each faculty member is provided adequate office space and opportunity for contemplative work.
5. Library holdings reflect faculty recommendations, are adequate in number and kinds, and are accessible to students and faculty.
6. Research space, equipment, and supplies are adequate to support a research program.
7. Teaching space, equipment, and supplies are adequate to support teaching programs.
8. Clinical resources are adequate to meet the goals of the program.

Organization and Administration

1. Administrative organization supports a clearly delineated system of authority, responsibility, and communication.
2. Administrative functions support the development of faculty self-direction, leadership, and research.
3. Administrative functions provide an atmosphere conducive to the development of effective collegial relationships.
4. Administrative organization assures faculty involvement in institutional governance.
5. Administrative organization assures faculty responsibility for planning, implementing, and evaluating curriculum.
6. Administrative organization assures student participation on committees involved with student welfare or rights.

Standards for Programs Leading to Associate Degrees and to Diplomas from Hospital Schools of Nursing

Goals

1. To select candidates with a commitment to nursing care of patients who have the intellectual and attitudinal characteristics necessary to achieve the program objectives.
2. To provide learning opportunities through which students can attain competencies appropriate to the roles they expect to fulfill upon graduation and attitudes favorable to a lifetime of continuous learning.
3. To provide learning experiences that focus upon major health care issues.
4. To provide learning opportunities which reflect sensitivity to the health care needs of all people.
5. To prepare nurses competent to enter practice in positions focusing upon direct patient care.
6. To prepare nurses who understand the parameters of their knowledge and skills and who know when and where to seek consultation.
7. To transmit nursing science that relates to the role of this graduate.
8. To demonstrate cooperation among health and nursing team members and clients in order to provide effective health and sickness care services.
9. To continuously assess and periodically evaluate the educational program.
10. To exemplify a future orientation through cooperation in efforts to improve nursing care, education, administration, research, and the system of health care.
11. To promote social and political action for the improvement of health care and health care delivery within the community.
12. To emphasize the contributions nurses make to health care.

Standards

Institutions

1. The institution is accredited and offers other occupational programs leading to associate degrees.[7]
2. The program of studies includes offerings in the biological, social, and physical sciences and in the humanities.
3. The institution employs periodic review processes to insure the high quality of all programs offered.
4. The institution provides adequate financial support for all programs offered.
5. The institution provides high quality support services; e.g., registrar, admissions, library, testing, counseling, placement, student personnel services, housing, safety, maintenance, computer, printing and duplicating, and fiscal management.
6. The institution has established guidelines concerning the health and welfare of students.
7. The institution has a programmatic approach to affirmative action which is reflected in policies and actions.

Students

1. Prospective students give evidence predictive of a reasonable assurance of success in the educational program.
2. Prospective students demonstrate the capacity for continuing intellectual curiosity, emotional growth, and sound judgment.
3. Prospective students give evidence of the intent to practice nursing after completion of the program.
4. Students demonstrate consistent progress toward fulfillment of program requirements.
5. Student groups represent the sex, racial, cultural, religious, and ethnic groups comprising society.
6. Students participate with faculty in the identification of learning needs, in the evaluation of performance, and in the evaluation of learning experiences.

[7]This standard does not apply to hospital-based diploma programs.

Faculty

1. Faculty have completed graduate (specialty) preparation in those fields in which they have major responsibility for course development.
2. Faculty have demonstrated clinical competence in the practice of nursing in their respective specialties, and are competent as generalists in nursing.
3. Faculty participate in professional activities and community endeavors which affect health care
4. Faculty collaborate with faculty in nursing, in the institution at large, and with nursing service personnel.
5. Faculty plan, implement, and evaluate innovative approaches in the teaching of students.
6. Faculty are committed to the concept of a professional career and subscribe to the code of ethics of the profession.
7. Faculty utilize multiple means for the evaluation of their continual growth as faculty members; i.e., self-evaluation, peer evaluation, student evaluation.
8. The corporate faculty represent a balance between experienced and new academicians and exemplify a balance between stability and change.
9. All faculty, including administrative appointees, hold academic rank in keeping with institutional policy and engage in scholarly work.
10. The corporate faculty reflect the sex, racial, cultural, religious, and ethnic groups comprising the society.
11. Faculty are responsive to the identified learning needs of individual students and are accountable for providing appropriate learning opportunities for them in consonance with program goals.
12. Faculty participate in the educational institution's governance to maintain or to develop an academic environment that supports learning, teaching and community service.

Programs

1. Expected outcomes are explicated and communicated to students.
2. Opportunities are provided for students to gain mastery of con-

tent and to test and evaluate its applicability at levels of sophistication appropriate to the program objectives.

3. Opportunities are provided for students to gain self-confidence in testing the scientific basis for their practice, so that they enter practice with the sophistication appropriate to their role(s).
4. Flexibility in program planning reflects individual competencies that students bring to the program and their rates of progress toward attainment of outcomes expected.
5. Evaluation of students' competencies relative to their attainment of expected learning outcomes determines the precise inclusions and length of any student's program.
6. Relationships between the educational institution, community agencies, and service programs insure faculty and student access to learning opportunities, as well as faculty accountability for quality control of the learning environments.

Facilities and Resources

1. Funds in support of programs are adequate to provide faculty, supporting personnel, equipment, and services in sufficient numbers and amounts to insure high quality programs.
2. The budgeted faculty-to-student ratio provides time for faculty members' necessary involvement in scholarly practice, in research, in teaching, and in collaborative work with other faculty and students.
3. Secretarial and other support services are provided in sufficient amount to insure economical use of faculty talents and productivity.
4. Each faculty member is provided adequate office space and opportunity for contemplative work.
5. Library holdings reflect faculty recommendations, are adequate in number and kinds, and are accessible to students and faculty for scholarship and research endeavors.
6. Teaching space, equipment, and supplies are adequate to support innovative teaching programs.
7. Clinical resources are adequate to meet the goals of the program.

Organization and Administration

1. Administrative organization supports a clearly delineated system of responsibility and communication.

2. Administrative functions support the development of faculty self-direction, leadership, and research.
3. Administrative functions provide an atmosphere conducive to the development of effective collegial relationships.
4. Administrative organization assures faculty involvement in institutional governance.
5. Administrative organization assures faculty responsibility for planning, implementing, and evaluating curriculum.
6. Administrative organization assures student participation on committees involved with student welfare or rights.

Standards for Continuing Education in Nursing

Preface

The knowledge, skills, and attitudes of practicing nurses have impact on the quality of health care. With the emergence of new knowledge, technologies, and continuing social change, a concerted effort is necessary to assist nursing personnel to (1) improve and/or maintain their practice, (2) promote and exercise leadership in effecting change in health care delivery systems, and (3) fulfill individual professional aspirations.

The American Nurses' Association supports the concept of continuing education for all nurses as one of the means by which nurses can maintain competence and meet the standards of nursing practice developed and enunciated by the profession.

The Resolution on Continuing Education and Development of Continuing Education Recognition Programs (CERPs) adopted by the 1974 House of Delegates supports state nurses' associations in developing a Continuing Education Approval and Recognition Program in those states that do not have one. It also recommends strengthening and modifying currently functioning CEARPs to conform to the guidelines entitled, "Continuing Education in Nursing: Guidelines for State Voluntary and Mandatory Systems," published by the ANA Council on Continuing Education. Conforming to the guidelines will facilitate interstate transferability. An effective CEARP will provide a base for those states which may at a future date establish legislative requirements for continuing education.

In 1972, the House of Delegates did not approve a motion supporting a continuing education requirement for licensure renewal; the 1974 House of Delegates voted that "ANA express its strong support for establishing participation in continuing education approved by state nurses' associations as one prerequisite for continuing registration of the license to practice nursing, and that the American Nurses' Association assist state nurses' associations in developing systems for implementing this requirement which will ensure maximum interstate mobility of licensed practioners of nursing."

A review of the verbatim of the 1974 House of Delegates indicates that the intent of the motion was in support of states' rights and is not a mandate for all states to move ahead to establish continuing education requirements for relicensure.

This motion directs ANA to provide support to those states which choose to establish continuing education as one prerequisite for relicensure as well as those states which choose to encourage continuing education through a voluntary program. In either case the

quality of the continuing education must be assured by the professional association.

The second part of the motion directs ANA to assist states to establish a system which will facilitate interstate transferability for nurses regardless of the approach selected.

The purpose of this section is to set forth standards whereby the quality of continuing education activities in nursing can be measured.

Introduction

As provided in the Bylaws, the Commission on Nursing Education of the American Nurses' Association has the responsibility for developing standards for nursing education and devising methods for gaining their acceptance and implementation through appropriate channels. A standard as defined by ANA is an authoritative statement by which quality can be judged. The purpose of this document is to set forth standards whereby the quality of continuing education activities in nursing can be measured.

The structure and content of continuing education must be flexible in order to meet the nursing practice needs and career goals of nursing personnel. Continuing education in nursing consists of planned learning experiences beyond a basic nursing educational program. These experiences are designed to promote the development of knowledge, skills, and attitudes for the enhancement of nursing practice, thus improving health care to the public. Defined broadly, continuing education is a life-long learning process which builds on and modifies previously acquired knowledge, skills, and attitudes.

Continuing education programs should have equal recognition with the other components of the education system and/or other programs within the sponsoring organization. The commitment to achieve the continuing education goals is exemplified by:

1. Administrative support.
2. Authority commensurate with responsibility vested in a director of continuing education.
3. An identifiable unit within the organizational structure.
4. An identified budget.
5. Sufficient numbers of prepared faculty and support personnel.
6. Appropriate resources and physical facilities.

This document contains basic assumptions about continuing education in nursing, the goals and functions of continuing education programs, and the responsibilities held by the American Nurses' Association, by state nurses' associations, by individual nurses, faculties, and employers in regard to continuing education activities.

The publication also includes standards for programs, resources, and evaluation, as well as information on the standard of measurment and a glossary of terms.

Definition

Continuing Education in nursing consists of planned learning experiences beyond a basic nursing educational program. These experiences are designed to promote the development of knowledge, skills, and attitudes for the enhancement of nursing practice, thus improving health care to the public.

Assumptions

1. Continuing education is essential for maintaining competence in nursing practice.
2. Faculties in schools of nursing have a responsibility to assist students in conceptualizing nursing as a health career which requires life-long learning.
3. Continuing education is necessary for the personal growth and professional maturity of the individual.
4. Continuing education needs of nursing personnel are affected by many factors, including:
   a) Greater acceptance of individual accountability and responsibility for practice.
   b) Changes in licensure laws.
   c) Legislative changes which influence health care.
   d) Health and nursing research with associated advances in health and nursing science.
   e) Changes in demographic characteristics (recipient population/ provider population).
   f) Increased consumer demands for health care.
   g) Changes in health delivery systems with increased participation of nurses in those systems.
   h) Increase in number and variety of health personnel.

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Goals and Functions

The primary goal of continuing education in nursing is to assure continued competence of nursing personnel in the delivery of health care to all people. Continuing education also includes goals related to personal and professional development.

Functions of a continuing education program are to:

1. Promote individual responsibility and accountability of nurses for their continued learning and its application to practice.
2. Assess continuously and respond to immediate as well as long-range continuing education needs of nurses.
3. Provide learning opportunities through which practicing nurses attain and/or increase competence appropriate to their roles.
4. Maintain flexibility and responsiveness to learning needs of nurses through a variety of sound educational approaches.
5. Communicate nursing science and facilitate its incorporation into nursing practice.
6. Demonstrate emerging nursing content and competence required to accommodate to changes in the health care delivery system.
7. Continually assess and periodically evaluate the effectiveness of educational offerings.
8. Field test nursing knowledge and competence that may later be included in preservice and/or graduate programs.
9. Provide opportunities for the nonpracticing nurse to become aware of changes in nursing and health care.

Responsibilities

American Nurses' Association

According to the ANA Bylaws, the American Nurses' Association develops standards for nursing education and devises methods for gaining their acceptance and implementation through appropriate

channels. The ANA carries the responsibility, then, to assist the state nurses' associations to plan and initiate Continuing Education Approval and Recognition Programs (CEARP) through:

1. Developing guidelines for approval of continuing education activities.
2. Designing a system to evaluate the effects of continuing education offerings on nursing practice.
3. Implementing a national recording system.
4. Providing consultation services.

State Nurses' Associations

Each state nurses' association has the responsibility to:

1. Utilize the ANA *Standards for Continuing Education in Nursing* and the ANA *Continuing Education Guidelines for State Nurses' Associations* in the development of its Continuing Education Approval and Recognition Program.
2. Develop specific criteria for program development and approval consistent with national standards and guidelines.
3. Determine the number of contact hours to be required in that state.
4. Devise methods for assuring the quality of the Continuing Education Approval and Recognition Program in that state.
5. Work collaboratively with its districts, other organizations, institutions, and agencies both public and private to achieve the continuing education goals.
6. Assess the need for, as well as the availability and accessibility of, continuing education opportunities.
7. Encourage the development of quality continuing education activities.
8. Assist in the planning and provision of offerings, including offerings relevant to health care to minority populations.
9. Evaluate the effectiveness of the state's Continuing Education Approval and Recognition Program in terms of stated objectives.
10. Disseminate information about continuing education offerings.

The Individual

Ultimate responsibility for continuing education rests with the individual who should:

1. Identify personal continuing education needs.
2. Make learning needs known to the appropriate sources.
3. Take the initiative in seeking continuing education activities to meet these needs.
4. Evaluate the learning activities.
5. Share the information obtained from continuing education activities with colleagues.
6. Seek ways to integrate new knowledge and skills in practice.

The Faculty

Faculties in continuing education have a responsibility to:

1. Assess continuing education needs of nursing personnel and the consumers of health care, and translate these needs into organized learning experiences.
2. Design, implement, and evaluate continuing education offerings.
3. Establish working relationships with community organizations including minority persons in order to reflect their health concerns in the design and implementation of continuing education activities.
4. Collaborate with other professionals in health and related fields in the development of continuing education opportunities for nurses and others in the health field.
5. Establish accurate and retrievable continuing education records.
6. Utilize existing research and generate new research in the field of continuing education.
7. Continue their own learning.

The Employer

The employer carries a responsibility to the health care recipient to promote continuing education for nursing personnel.[8] To meet this responsibility the employer should:

[8]Standard IX, American Nurses' Association *Standards for Nursing Services*; Standard V, Joint Commission on Accreditation of Hospitals.

1. Establish and publicize policies related to continuing education participation by personnel.
2. Provide opportunities for learning experiences based upon established guidelines.
3. Make available time and/or finances for staff to attend continuing education offerings outside the institution or agency when appropriate.
4. Assist in the implementation of concepts obtained through continuing education activities when appropriate.
5. Provide opportunities for nurses to share with colleagues information gained from continuing education activities.
6. Provide recognition for participation in continuing education activities.
7. Identify the learning needs of nursing personnel and refer them to the appropriate educational facilities.

Standards

Program

1. The continuing education program is consistent with the overall goals and objectives of the sponsoring organization. Each specific continuing education activity should be designed to implement these objectives.
2. The program of continuing education is relevant to both educational needs of learners and health needs of consumers. Program planners, learners, educators, and consumers of health services participate in identifying these needs.
3. Learning and/or behavioral objectives are defined for each continuing education activity and are used as a basis for determining content and learning experiences, and for evaluating effectiveness.
4. Continuing education programs are designed to assist nursing personnel to:
   a. Acquire and update knowledge and skills.
   b. Prepare for reentry into practice.
   c. Make a transition from one area of practice to another.
   d. Acquire greater depth of knowledge and skills in one particular area of nursing.

e. Enhance professional attitudes and values.

f. Become knowledgeable and sensitive to the health care needs of different populations within the society.

g. Implement concepts of change both within the individual's own practice and throughout the health care delivery system.

h. Assume responsibility for personal and professional development.

i. Improve the quality of the service provided by other health care workers.

j. Promote and support innovation and creativity in health services.

5. An interdisciplinary approach to sponsoring, planning, and implementing continuing education activities is used when appropriate.

6. Innovative approaches are used in planning, conducting, and evaluating continuing education activities.

7. Continuing education activities are implemented through a variety of formats and teaching methodologies to achieve objectives.

Resources

1. All individuals with leadership responsibilities for continuing education programs should be prepared at the graduate level and have knowledge in the area of adult education.

2. The faculty is knowledgeable about concepts of continuing education and adult learning and is experienced in the application of these concepts.

3. Faculty collaborates with other nursing faculty and other health disciplines to better utilize resources and to meet common learning needs.

4. Faculty provides models for the learner to evaluate, and faculty members engage in self-evaluation.

5. In the selection of the resource persons and faculty for continuing education activities, care is exercised in choosing persons with expertise and clinical competence and/or academic preparation in the material to be presented. This expertise includes knowledge about the consumer population to be served.

6. Continuing education activities for nursing personnel are devel-

oped under the direction of and/or in collaboration with nurses who are skilled in designing and implementing the appropriate learning experiences.

7. The sponsor provides adequate support for all continuing education offerings and/or programs as defined in the CEARP approval criteria.
8. The budget provides adequate funds for planning, conducting, and evaluating the continuing education activities.
9. The sponsoring agency provides facilities and resources appropriate to the content of the activity such as audio-visual aids, libraries, learning laboratories, conference rooms, and secretarial services.
10. Continuing education records are confidential and maintained in a systematic manner. Records are available upon request to the individual and to appropriate groups with informed consent of the individuals.
11. Counseling and guidance are made available so that learners will be informed of the range of continuing education opportunities that may meet their short- and long-range career goals.

Evaluation

1. Provision for continuous evaluation is an integral element of the continuing education program and of each specific offering within the program.
2. The time allotted to any continuing education activity is sufficient to insure coverage of the content, development of defined skills, opportunity for reflection, and other accomplishments of identified goals.
3. Sponsoring agencies, learners, and consumers of health services participate in evaluating the effectiveness of the offerings as evidenced by changes in practice.

The Standard of Measurement

ANA recommends the contact hour as the basic unit of measurement for continuing education activities in nursing. The contact hour is a unit of measurement equivalent to 50 minutes of participation in an organized continuing education experience.

The purpose for such a standard unit of measurement is to provide a universal system for measuring, recording, reporting, accumulating, transferring, and recognizing participation in noncredit educational offerings. A standard unit of measurement facilitates communication about continuing education from one person to another, from one institution to another, from employer to employer, and from one area of the country to another.

Many institutions have adopted the Continuing Education Unit (CEU) as the standard unit of measurement. "One Continuing Education Unit (CEU) is ten contact hours of participation in an organized continuing education experience under responsible sponsorship, capable direction and qualified instruction."[9] Therefore, the CEU may be converted to contact hours in the following manner: 1 CEU equals 10 contact hours. There is, however, no automatic conversion of contact hours to CEUs.

Academic credit and contact hours are not intended to be interchangeable. However, in some instances educational institutions may choose to grant academic credit for continuing education activities. It is the responsibility of the learners to petition the educational institution for such credit, but the decision to grant the credit rests with the institution. Also, state nurses' associations are encouraged to accept academic credit, when appropriate, as one component of their Continuing Education Approval and Recognition Program (CEARP).

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[9]The CEU was developed by the National Task Force to Study the Feasibility and Implementation of Uniform Unit for the Measurement of Non-Credit Continuing Education Programs which represents 34 different educational groups. The ANA is not a member of the National Task Force. However, the ANA Commission on Nursing Education has adopted the recommendations of this National Task Force in the use of the CEU as one unit of measurement and recording for organized educational offerings.

Glossary of Terms

The following terms will serve as guidelines in planning educational programs:

Case Study—A description of a real or simulated (hypothetical) situation. Through discussion, ideas are shared and participants define the key elements of the problem, principles to be following in solving it, and actions to be taken if confronted by such a situation. Case studies provide an opportunity for comparing assumptions, attitudes, and theories with other group members.

Certification—As used by ANA certification is a mechanism for recognizing a practitioner's professional achievement and excellence in practice.

Clinical Practicum—A planned experience which permits the individual to apply knowledge and develop proficiency in skills under supervision in a clinical setting. Sometimes referred to as laboratory experiences or skill practice.

Clinical Session—The presentation of an original paper or papers which describes a clinical problem and ensuing intervention, as well as the implications for the improvement of nursing practice.

Conference—A session of one or more days' duration designed to serve a varying number of persons representing a number of organizations or groups gathered to hear view points on a central theme. Mutual problems are discussed in order to achieve reasonable solutions. Small discussion groups may be a related activity.

Continuing Education—Planned learning experiences beyond a basic nursing educational program. These experiences are designed to promote the development of knowledge, skills, and attitudes for the enhancement of nursing practice, thus improving health care to the public.

Continuing Education Approval and Recognition Program—A service established and provided by the state nurses' association to:

1. Maintain standards for continuing education.
2. Review and approve continuing education programs and offerings.
3. Maintain records of continuing education.
4. Give recognition to nurses for achievements in continuing education.

Continuing Education Unit (CEU)—Ten contact hours of participation in an organized continuing education experience under responsible sponsorship, capable direction, and qualified instruction.

Contact Hour—A unit of measurement equivalent to 50 minutes of participation in an organized learning experience which meets the American Nurses' Association's *Standards for Continuing Education in Nursing.*

Course—A series of learning experience dealing with a specific content.

Debate—A formal or informal discussion of an issue through which various approaches to resolution are considered.

Educational Activity—A procedure designed to stimulate learning.

Educational Offering—A course of instruction or study.

Faculty—An individual or group conducting the continuing education activity. The faculty may be members of colleges, universities, health care agencies (public and private), professional and voluntary associations.

Field Experience—Practice in the actual situation under supervison. Activities are evaluated and analyzed by the participants and supervisors.

Field Trip—Direct observation of real life situations. Objectives are developed prior to the trip. Follow-up discussions enhance the learning experiences.

Forum—An open meeting led by experts and followed by audience participation.

Inservice Education—Planned instructional or training programs provided by an employing agency in the work setting and designed to increase competence in a specific role. Inservice education is one aspect of staff development.

Institute—A formal offering (usually a series of meetings) for instruction and information in a particular area of nursing practice. Consultants with expertise are utilized.

Objectives—Statements of criteria by which one measures the degree to which the purpose is achieved. The statements are made in terms of results to be achieved rather than methods to be used.

Panel Discussion—A group of experts, under the guidance of a moderator, sharing information and ideas with an audience. Panel

members usually present brief statements in succession, then discuss with each other points raised. The moderator helps clarify and may present questions. Audience participation is optional depending upon time and circumstances.

Plenary Session—An assembly designed for all participants which is sometimes called a general session.

Program—Planned organized effort directed toward accomplishing major objectives. A program includes many segments which are described as educational offerings or courses.

Project—A complex learning activity designed to help learners assess their abilities and sharpen skills. Learners usually attempt such projects on their own time and in their own work settings.

Provider—The individual or agency sponsoring the continuing education activity. (Sometimes called sponsor.)

Purpose—A statement which describes the reason for the presentation of a program or experience.

Recognition Points—A unit of measurement assigned by the state nurses' association or the American Nurses' Association Reveiw Committee. A recognition point is equal to one contact hour in an approved continuing education offering.

Self-Instructional Activities—Independent, individual learning activities which are organized to meet clearly defined objectives and which are consummated by a valid type of testing for cognitive or affective skills. A self-instructional activity should be developed under the guidance of a responsible person in a continuing education or in-service program. Contact hours must be based on equivalent class hours, as determined by the director of the program or by the state nurses' association or the CEARP Review Committee.

Seminar—A small group of people who meet under expert leadership or a resource person(s). Participants become actively involved by preparing reports on some aspects of a problem which is discussed and analyzed.

Short-Term Course—An intensive sequence of learning activities offered on a regular basis over a short period of time. A short-term course frequently includes clinical experience.

Special Interest Group—Persons who meet at regular intervals to pursue a single subject area by means of professional journals, book clubs, or nursing research study groups.